Admin - Assistant

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH** CHILD CARE FACILITY INSPECTION REPORT **REASON** GRADE Inspection Date: **ESTABLISHMENT NAME:** Regular 11 01 2018 XOKIAHI KIOS 24 HR CHILD CARE CENTOR 4 Time In/Out: Follow-Up OWNER/OPERATOR: XOKIAHI CAPES, INC. Complaint 11:00Am 12:10 PM LOCATION: Investigation RATING Establishment Type: Sanitary Permit No.: TAMUNING Other: CCC | NUESBRY 20000-PERMIT STATUS: Valid Temporary Expired No. of Children: 3 Male 5 Female 3 Child Care License: No.: 8020 / Valid / / Provisional .Total / / Expired The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date. ITEM* REMARKS DEMERIT CORRECT BY A REGULAR INSPECTION WAR AC CONDUCTED TODAY. PREVIOUS INSPECTION RESULTED IN A SPHOOL PARTIES OF GIA. PROVIOUS VIDUATION ITEM # 21 WAS POLLOWING WORE FORGIVENESS 17. A FEW CEILING TIVES IN WERE FOUND FOOT WITH WATER STANS FROM PREVIOUS TYPHOON. AS PER PERSON-IN-CHARGE LEAKS ABOVE THE TILES WORE ADDRESSED LAST WEEK, AIR BUDGIES IN CHILING PAINT WERE IN KITCHEN AREA HALLS AND COLLINGS SHALL PE KOPT MAINTHINED AND AN COOD STATE OF REPORT TO PROMITE THE OUTPAIL SANITARY MONOTION OF THE FACILITY. DOOP HANDLE GOING INTO THE KITCHON AREA WAS FOUND IN 2 31. 12/03/2018 TOILET BOWLS IN EMPLOYEE PESTRAGN NEAR OFFICE POUR IN GURL'S BATHROOM WORE POUND WITH AND DISCOURTATION. AREAS, FACILITIES, AND EQUIPMENT SHALL BE KEPT MAINTAINED, AND IN A GOOD STATE OF REPAIR TO FROMINT HARARDS AND TO PROMOTE THE OVERALL CANTAR THE PACILITY (MYOTTLOK) I have read and understand the above violation(s) and I am aware of the corrective measures to be taken. *Note: When any of the following items are Received By (Name & Title):

Rev: 08/2/05 DEH-06

cited above, they shall be corrected within

10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Mristale Chancy The

DEH Inspector (Name & Title)

V. PAYMUNDO EPHOI

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E CONTRACTOR	CHILD CARE FACILITY		
	INSPECTION REPORT		
REA	ASON GRADE Inspection Date: ESTABLISHMENT NAME:		
Regular	11 01 2013 XOKIAHI KIDS 24 HR CHILD CAPE	E CONTOR	200
Follow-U	p Time In/Out: OWNER/OPERATOR:		
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Investigat	RATING COCATION: Establish	hment Type:	
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inspection	n or sooner as the Department indicates. Non-compliance may result in downgrading or pe	ermit suspens	sion. To appeat
	a written request for hearing must be submitted before the indicated correction	n date.	
ITEM*	REMARKS	DEMERIT	CORRECT BY
	PHOTOS WERE TAKEN.	#C =	
	POSTED "A" PLACAZO NO. 027 WY ON WINDOW OF WHITING A	924	-412
	DISCUSSED THIS PETFORT WITH KRISTAVE CHANEY		
	ADMINISTRATIVE ASSIS	TANT.	
	Line and Line and	+	
	Vener. raymundo@dphss.gvam.gov		
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	ve read and understand the above violation(s) and I am aware of the corrective me	easures to t	oe taken.
	When any of the following items are Received By (Name & Title):		
cited a	above, they shall be corrected within		
12) (4) (6	10 days of this inspection: DEH Inspector (Name & Title): (14), (21), (23), (24), (27), (28), (39) & (40).	1 700	OFTO
(2) (3)	1), (14), (21), (23), (24), (27), (28), (39) & (40). V. RAMUNDO, EPHO I	JU 500	-9570